

FILED
Jun 20, 2003 8:00 am
Secretary of State

06-20-2003 90029 019 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000021488					
1. Entity Name LOUIS LANDSCAPING & SPINKLERS, INC.					
Principal Place of Business P.O. BOX 8227 CORAL SPRINGS, FL 33075			Mailing Address P.O. BOX 8227 CORAL SPRINGS, FL 33075		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 04-3609604	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ACQUAVELLA, LOUIS A 13215 CITRUS GROVE BLVD WEST PALM BEACH, FL 33412				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature, typewritten name of registered agent and date acceptable. (NOTE: Registered Agent is required to sign when in state.)					
				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	ACQUAVELLA, LOUIS A	☐ Delete	TITLE	P
NAME		ACQUAVELLA, LOUIS A		NAME	ACQUAVELLA, LOUIS A
STREET ADDRESS		13215 CITRUS GROVE BLVD		STREET ADDRESS	10020 NW 26th St Apt 4
CITY-ST-ZIP		WPB, FL 33412		CITY-ST-ZIP	Coral Springs, FL 33075
TITLE			☐ Delete	TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			☐ Delete	TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			☐ Delete	TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			☐ Delete	TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other true empowered.					
SIGNATURE: 				6/18/03 954-520-9063	
SIGNATURE AND TITLE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR				Date	

CR2E034 (10/02)